

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041747

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2400P

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7

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13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

ST LOUIS - MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST JOHN'S

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST LOUIS

c. CITY  
OR  
TOWN

HELLEFONTAINE, NY 1485

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

2246-BERYN.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

ANNIE

First

Middle

Last

M. MCCORMICK

4. DATE  
OF  
DEATH

OCT

14

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-17-1867

9. AGE (last birthday)

96

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

ST LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

EDWARD HOGAN

13b. MOTHER'S MAIDEN NAME

-

14. NAME OF HUSBAND OR WIFE

DECEASED (EDWARD J.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

EDWARD F. HOGAN

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Metastatic Ca of Lungs

DUE TO (c)

(Primary Ca of Recto Sigmoid) Bowel obstruction 6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

age + general cardiac failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

15.4x

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK: ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1950

to Oct 14 1963

and last saw her alive on Oct 14 1963

Death occurred at

10:15 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. N. Luedeman M.D.

22b. ADDRESS

4126 S Shreve Ave

22c. DATE SIGNED

10/15/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

OCT 17-1963

23c. NAME OF CEMETERY OR CREMATORY

C. ALVARY

23d. LOCATION (City, town, or county)

ST LOUIS, MO

(State)

24. FUNERAL DIRECTOR

O'SULLIVAN-MUCKLE-KRON MORTUARY

25. DATE RECD. BY LOCAL REG.

OCT 15 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.